For EMS Use Only:

Control No. _____

CON No. _____

ARIZONA DEPARTMENT OF HEALTH SERVICES
BUREAU OF EMERGENCY MEDICAL SERVICES

APPLICATION FOR GROUND AMBULANCE SERVICE
CERTIFICATE OF NECESSITY RENEWAL

APPLICATION FORM

I. IDENTIFICATION

Legal business or corporate name

Identifying Name (DBA)

Mailing address

Physical address if different

Telephone number Facsimile number

II. MANAGEMENT

Provide the following for each applicant and individual responsible for managing the ground ambulance service:			
NAME	TITLE	ADDRESS	TELEPHONE NUMBER
Provide the following for the business representative or designated manager:			
NAME	TITLE	ADDRESS	TELEPHONE NUMBER
Provide the following for the individual to contact to access the ground ambulance service's records required in R9-25-910:			
NAME	TITLE	ADDRESS	TELEPHONE NUMBER
Provide the following for the statutory agent for the ground ambulance service, if applicable:			
NAME	TITLE	ADDRESS	TELEPHONE NUMBER

III. CLASSIFICATION

Type of Business	Proprietary ___ Sole proprietorship ___ Partnership ___ Corporation for profit ___ Limited liability corporation ___ Other _____	Non-profit ___ Corporation ___ Other _____		Governmental ___ State ___ County ___ Municipal
Level of Service:	___ Advanced Life Support	___ Advanced Life Support & Basic Life Support		___ Basic Life Support
Type of Service	___ Immediate Response Transport	___ Interfacility Transport	___ Convalescent Transport	___ 24 hrs/7 days a week ___ Other (explain in detail on an attached sheet)

IV. MEDICAL DIRECTION/COMMUNICATION

Provide the following for each base hospital or centralized medical direction communications center:		
NAME	ADDRESS	TELEPHONE NUMBER

Provide the following for the ground ambulance service's dispatch center:	
ADDRESS:	TELEPHONE NUMBER:

Provide the following for each suboperation station located within the proposed service area:	
ADDRESS:	TELEPHONE NUMBER:

Provide a description of the communication equipment to be used in each:
Ground ambulance vehicle:
Suboperation station:

V. AMBULANCES

	Make of Vehicle	**Year**		**Make of Vehicle**	**Year**
1			6		
2			7		
3			8		
4			9		
5			10		

VI. AMBULANCE ATTENDANTS

Arizona Certified EMTs				First Responders operating under the provisions of ARS § 36-2202	Physicians licensed under Title 32, Chapter 13 or 17	Professional Nurses licensed under Title 32, Chapter 15	
BEMT	IEMT	PARA	Total			Prehospital Care	Interfacility Transport

DOCUMENTS REQUIRED AS PART OF THE APPLICATION PACKET

The following documents, required as part of the application packet, are attached:

1 Proof of continuous insurance coverage or a statement of continuing self-insurance, including a copy of the current certificate of insurance or current statement of self-insurance required in R9-25-909;

2 Proof of continued coverage by a surety bond if required under A.R.S. §§ 36-2237(B); and

3 A copy of the list of current charges required in R9-25-1109.

APPLICATION FILING FEE

A $50 application filing fee for renewal of a certificate of necessity, required as part of the application, is attached with the application packet.

ACKNOWLEDGMENT/SIGNATURE

I hereby certify, under penalty of perjury, that

* I am duly authorized and qualified to act for or on behalf of the certificate holder submitting this application.
* The certificate holder has and is continuing to meet the conditions of the certificate of necessity, including assessing only those rates and charges approved and set by the Director
* That the information and documentation contained in the application form, attached to the application form, submitted as part of the application packet, or submitted in any subsequent amendment or filing to this application has been complied from records I have verified, and I know that the facts recited herein are true and correct.

Signature of the applicant or the applicant's designated representative Date